

No. 2
1-4-41
-17-39
X26350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25544

State File No.

AUG 9 1941 526
Registration District No.

Primary Registration District No. 4312

Registrar's No.

1. PLACE OF DEATH:

- (a) County Macomb
(b) City or town Atlanta mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George Henry Magers

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Magers 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 13 - 1867 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 8 2 hr. ✓ min.

9. Birthplace Macomb co mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

12. Name Robert Magers
13. Birthplace Sumner, Ia (City, town, or county) (State or foreign country)
14. Maiden name Ann Blessing
15. Birthplace Macomb co mo (City, town, or county) (State or foreign country)

16. (a) Informant Emma Magers
(b) Address Atlanta mo

17. (a) Buried (b) Date thereof 7 - 25 1941 (Month) (Day) (Year)

(c) Place: burial or cremation mt Carmel

18. (a) Signature of funeral director Wm Gooding
(b) Address Atlanta mo

19. (a) July 26 - 1941 (b) Rich McNeely (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Macomb 061
(c) City or town Atlanta mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 6 minute 0 P.M.

21. I hereby certify that I attended the deceased from July 4 1941, to July 23 1941
that I last saw him alive on July 23 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the stomach Duration

Due to H.B.

Due to H.B.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature 46 4/20 (M. D. or other) 0
Address Atlanta mo Date signed 7-24-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 8-41-1411

Date Filed AUG. 6 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

H. M. Gooding....., Registered Apprentice No.....
working under my personal supervision.

Signed.....H. M. Gooding.....

Licensed Embalmer No. 1750

P. O. Address. Atlanta Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.